

ANNOUNCING
MISSOURI'S STATEWIDE CONFERENCE ON
HEALTH INSURANCE OPPORTUNITIES FOR WORKERS WITH
DISABILITIES



DATE: November 15, 2004

PLACE: Capitol Plaza Hotel
Jefferson City, MO

TIME: 9:00 a.m. – 4:00 p.m.

REGISTRATION FEE: None

REGISTRATION INFORMATION CONTACT:

Travis Anderson

AndersonAA@umkc.edu

UM-KC Institute for Human Development

Health Sciences Building, 3rd Floor

2220 Holmes Road

Kansas City, MO 64108-2676

(816) 235-5380

FAX (816) 235-1762

REGISTRATION DEADLINE DATE: October 28, 2004

HEALTH INSURANCE OPPORTUNITIES FOR WORKERS WITH DISABILITIES

Conference Description and Objectives:

This one day conference is to provide participants with an opportunity: to learn about the Missouri Medicaid Program which allows a person with a disability to retain their Medicaid eligibility while working; to provide in-service training for Transition Coordinators and to increase positive post-high school/college employment related opportunities for students with disabilities.

Who Should Attend:

- Consumers
- Advocates
- Transition Coordinators
- Transition Students and Parents
- Recently Transitioned Students from high school (one year or less)
- Special Education personnel
- State Staff
- Providers
- Employers

Workshops/presentation topics will include but not limited to:

- Missouri Medical Assistance for Workers with Disabilities Program
- Transitioning from high school to work
- Transitioning from college to work
- Exploring and accessing community resources
- Job Coaching and employment readiness skills
- Self Advocacy and maintaining a network of support
- Assistive Technology in the workplace
- Where and How to use your Ticket to Work
- Other topics of interest

Conference Registration:

There is not a registration fee for this conference. Participants must however, register in advance by October 28, 2004. You may register by mail, e-mail, or fax using the registration form insert.

Priority attendance will be given to transitioning students, Transition Coordinators and Special Education personnel. There will be a limited number of subsidies for individuals with disabilities, Transition Coordinators and Special Education personnel. Substitute Teacher pay may also be provided, if requested on the registration form.

A confirmation notice will be returned to participants no later than November 3, 2004. If your registration is accepted, you will be required to reconfirm your attendance as soon as possible and no later than November 5, 2004. Hotel reservations will be made for participants upon reconfirmation of attendance. A hotel confirmation number will be provided. If you are not awarded a subsidy the hotel room rate is \$56.65 per night. Meals are provided as a part of the registration. Please do not secure your other travel arrangements until your attendance is reconfirmed.

Once your registration is accepted, if you are unable to attend the conference or cannot stay overnight, it is your responsibility to cancel the room reservation and obtain a cancellation number. Call Capitol Plaza Hotel at: 1-800-338-8088 and e-mail, call or fax Travis Anderson of the cancellation and provide the cancellation number immediately upon obtaining in order for us to notify those on the waiting list.

For additional information contact: Travis Anderson
Phone: (816) 235-5380
Email: andersonaa@umkc.edu

SUBSIDIES

Please note that there is not a registration fee to attend the conference. Meals are provided with the conference. A limited number of subsidies are available, on a first come-first to be served basis. Subsidies will be awarded to participants in the below categories, if requested and required:

Transition Coordinators/Special Education Personnel

- ~Mileage reimbursement will be provided for a maximum of two vehicles per school at the University of Missouri-K.C. rate.
- ~Hotel accommodations will be provided at no cost, if requested
- ~Substitute teacher pay will be provided, if requested on the registration form
- ~Meals eaten while traveling will be reimbursed according to State Regulations and rate

Transition Students & Parents, Consumers and Advocates

- ~Mileage reimbursement will be provided at the state rate of .34 per mile.
- ~Hotel accommodations will be provided at no cost, if requested
- ~Meals eaten while traveling will be reimbursed according to State Regulations and rate
- ~Respite and Attendant Services will be reimbursed, if requested

State Staff

- ~According to State Travel Policy

**HEALTH INSURANCE OPPORTUNITIES
FOR WORKERS WITH DISABILITIES**

November 15, 2004

Conference Registration Form

Registration is limited. Registration request deadline: 10/28/04

Fax registration: Travis Anderson, (816) 235-1762

Email registration: AndersonAA@umkc.edu

Mail registration: Travis Anderson, UM-KC Institute for Human Development,
Health Sciences Bldg., 3rd fl., 2220 Holmes, Kansas City, MO
64108-2676

Name: _____

Address: _____

Email: _____

Telephone: () _____

FAX: _____

Subsidy requested: ☐ **Yes** ☐ **No**

Affiliation:

☐ Consumer with a disability (or family member of consumer)

☐ Advocate (Organization Name: _____)

☐ Employer (Organization Name: _____)

☐ Provider (Organization Name: _____)

☐ State Agency (Agency Name: _____)

☐ Transition Coordinator (School Name: _____)

☐ Transition Student/ (School Name: _____)

or Recently Transitioned

☐ Parent of a Transition Student (School Name: _____)

☐ Other (Affiliation: _____)

☐ **Requesting substitute teacher pay for my school/district**

Hotel Room: ☐ **Yes** **Date:** ☐ **Nov. 14th**. ☐ **Nov. 15th**.

Preferences (circle) non-smoking / smoking / double bed / king bed

Special Accommodations:

Hotel room: ☐ Roll-in-Shower ☐ Shower with bar grip ☐ Personal Attendant room
(circle: non-smoking / smoking / double bed / king bed)

Lunch: ☐ Vegetarian meal ☐ Other _____

Meeting: **(Real time captioning will be provided)**

Room: Other _____

Printed Materials: Alternative format request: _____